

North Dakota Department of Health
Division of Health Facilities

Business Process Re-engineering
Life Safety Code Process Committee Meeting Minutes

September 18, 2007

Committee Members Present:

Bruce Pritschet, Director, Division of Health Facilities
Shelly Peterson, Executive Director, North Dakota Long Term Care Association
Bridget Weidner, Manager, Division of Health Facilities, ND Dept. of Health
Darrold Bertsch, Administrator, Southwest Healthcare Services
Karissa Olson, Administrator, Heartland Care Center (per conference call)
Lucille Torpen, Manager, Division of Health Facilities, ND Dept. of Health
Monte Engel, Manager, Division of Health Facilities, ND Dept. of Health
Pete Antonson, Administrator, Northwood Deaconess Health Center
Wade Peterson, Administrator, Medcenter One Care Center (arrived at 9:50 a.m.)
Bob Bieber, President of the North Dakota Environmental Service Association
Darleen Bartz, Health Resource Section, ND Department of Health

Committee Member Absent:

Sherwin Nelson, LSC Surveyor, Division of Health Facilities, ND Dept of Health

Facilitator

Joan Coleman, RAI/Training Coordinator, Division of Health Facilities, ND Dept. of Health

Welcome to Participants

The Business Process Re-engineering (BPR) Life Safety Code (LSC) Process Committee Meeting began at 9:00 a.m. on September 18, 2007. Bruce Pritschet welcomed everyone to the meeting.

Review of Department Mission and Purpose of Meeting

Joan asked the committee participants if they would like to review the Department Mission and the purpose of the meeting. The committee members voiced there was no need to, as they were familiar with the Department Mission and the purpose of the meeting, which includes:

- 1) The overall mission of the Department is to “Protect and Enhance the Health and Safety of All North Dakotans and the Environment in Which We Live.”
- 2) The purpose of the Business Process Re-engineering of the LSC survey process is to identify specific industry concerns; review of work by internal workgroup; identify

factors that should be considered in the decision making process related to compliance with a requirement; consider Decision Making Matrix (Survey Protocol) that would guide consistency in the survey outcome; consider what recommendations would require approval from CMS who is the department's consumer; consider training needs of providers related to conducting their own maintenance survey throughout the year linked to specific requirements; and consider potential discussion/training needs of surveyors.

Establish Ground Rules

Joan asked the committee participants if they would like to review the established ground rules for the BPR Committee meeting. The committee members voiced there was no need to, as they were familiar with the ground rules, which includes the following:

- It's your meeting (all participants)
- Everyone's comments will be considered equally (it is important for everyone to participate as we need to look at the whole picture)
- No relevant topic is excluded
- Respect each others opinions (people think differently)
- Respect the time frames identified
- Silence is considered an agreement (so if you do not agree you need to voice your opinion)
- Keep the facilitator accurate
- Work together toward common goals (finding a solution takes balance)
- Refrain from attribution (no placing blame)
- Output/changes impacting the survey process/outcome must be approved by CMS

Review and Approval of May 2007 Meeting Minutes

Minutes of the May 31, 2007 meeting were reviewed and approved.

Update on LSC demonstration Project

Medcenter One Care Center has put in a written request. Darleen identified Health Facilities is working on developing an agreement. Darrold asked if there had been any feedback from legislatures. Bruce stated no comments have been received.

Reports from External Partners on tasks assigned during the last meeting

Joan Coleman led the committee participants in discussing the following:

A. Desire for LSC surveyors to provide training during their surveys

1. Take the safety/environmental person from the facility staff along on the survey of the facility.

- Monte identified the LSC surveyors do take environmental personnel from the facility with them during the survey.
 - Bob indicated some LSC surveyors are better at explaining issues than others, and the LSC surveyors do not always look at things in the same way.
 - Darrold voiced he did not feel this was an issue, as environmental personnel do accompany the LSC surveyors during the survey.
 - Discussion was held for the LSC surveyors to continue to take the safety/environmental person from the facility with them during the survey.
2. Provide specific information using their own facility as examples when explaining compliance with LSC during survey.
- Darleen suggested a change in wording to this item, and for it to state, “Provide specific information using the facility as an example when explaining compliance with LSC during survey.”
 - Bob expressed it is a benefit to learn from the survey results shared by other providers, and you can then contact these other facilities for input.
 - Discussion was held if surveyors can provide facility staff with choices/options during the survey, and if this could be considered consulting.
 - Darleen expressed that as much as possible and reasonable, the surveyors can provide some possible options/choices.
 - Discussion was held on the administrators also accompanying the LSC surveyors during the LSC surveys.
3. Administrator education on LSC would be beneficial and should include the necessary paperwork, documents needed, contracts, responsibilities that should be assigned in the contracts to hold the contacted parties to providing what it takes to be in compliance with LSC. Planned for December 2007.
- It was identified that Health Facilities has presented providers with the survey checklist (“Documentation for Review”) form used by the LSC surveyors.
 - Training is to be held on December 11–12, 2007 to the providers by Health Facilities.
4. Determine what percent of citations are avoidable or are in the category of documentation missing or are considered to be paper compliance citations.
- Monte shared data from the most recent surveys, involving every facility. There was a total of 384 citations, with 96 of these citations relating to lack of documentation.
 - Pete asked if a discussion could be held with the LSC surveyors about timing/date requirements relating to fire drills (i.e. define quarterly, define annually).
 - Monte stated quarterly is every three months & annually is within 365 days.
 - Pete identified it would be beneficial to have clarification for consistency.

B. Desire for consistency among surveyors

1. Have two LSC surveyors go on LSC survey when new construction is surveyed for the first time. Both would work together throughout the LSC survey so two sets of eyes see the same thing and can discuss any area where interpretation is necessary. This plan would include the first LSC survey following new construction and major renovations. Discuss the possibility of two LSC surveyors in facilities over 180 beds.
 - Monte identified we currently have six Long Term Care facilities with over 180 beds.
 - Wade expressed the benefit of having two LSC surveyors go on a survey would be consistency among surveyors.
 - Based on the LSC surveyors busy schedule, discussion was held if having two LSC surveyors go together would be a good use of their time.
 - A suggestion was made the two LSC surveyors could go to the same facility and do separate areas of the building. Discussion was held if there would be any benefit to having two LSC surveyors go to the same facility and do separate areas of the building, as the surveyors would not be together and the environmental service person would not be able to be with both surveyors.
 - Through discussion, it was decided to table this idea and use other means for improving consistency.

2. LSC surveyors will be informed if they have missed anything in their past surveys (from one surveyor one year to another surveyor the next time).
 - Monte stated meetings and discussions are held with the LSC surveyors.
 - Monte identified the LSC surveyors do review each other's deficiency reports from past years prior to conducting the survey.
 - Discussion was held on the fact that not all LSC surveyors are going to see things in the exact same manner when surveying; just as two different facility staff doing a walk-through of their building would not see things in the exact same manner.

C. Use of NDDoH website and CMS website by facility staff

1. Health Facilities will send out email alerts to Administrators and Environmental Services with information regarding Life Safety Code issues. A link will be included to allow for easy access to the ND Department of Health LSC website.
 - Discussion was held on whom, in long term care facilities, does Health Facilities have email addresses for (i.e. administrators, environmental service person, etc).
 - Bridget identified for hospitals, on the application for licensure, Health Facilities plans to obtain the email addresses for the administrator, the director of nursing, and the environmental service supervisor.
 - Discussion was held that previously it was decided to send out email alerts to administrators and environmental services with information regarding Life Safety Code issues.
 - Bob asked if all administrators are good about sharing information with other pertinent staff members.

- Discussion was held that previously Health Facilities sent information to the Long Term Care Association and they have sent it to the providers.
 - Bruce identified Health Facilities just received the email list for the environmental service supervisors.
 - Discussion was held for Health Facilities to send out email alerts to the administrators and environmental service supervisor with information regarding Life Safety Code issues, and to cc the North Dakota Long Term Care Association.
2. Compile the Distribution List and provide it to Health Facilities.
- Shelly stated the names and email addresses of the environmental service supervisors have now been given to Health Facilities, and they will still need to input these email addresses into a distribution list.
3. Health Facilities LSC staff will be responsible for updating the website.
- Health Facilities has established a schedule for updating the website.

D. Determination of current knowledge base of facility environmental staff and impact of turnover

1. Provide facilities with information about the online training modules.
- Monte stated information about the online training modules was emailed to Shelly Peterson a couple months ago.
 - The committee was informed Health Facilities is sending information out to the environmental service supervisors with a link to the website.
2. Long Term Care Association will email LSC surveys to facilities to keep environmental services informed of what is being cited.
- Discussion was held the facilities prefer a summary of the LSC survey results. Currently the facilities send a summary to the Long Term care Association and they distribute this information to all the providers.
 - Monte identified a facility summarizing the LSC survey results can be an issue if the facility is not summarizing the survey results correctly.
 - Bob expressed having the LSC survey results from other facilities is a great tool to use, to check for LSC compliance within your own facility.
3. Check on the state wide LSC training in Nebraska. Shelly
- Shelly identified information has not been obtained yet on the state wide LSC training in Nebraska.

E. Roll of quality assurance in ensuring compliance with LSC standards and need for training of facility staff

1. Development of a QA checklist with input from the LSC surveyors and Bob Bieber, President of the North Dakota Environmental Service Association.
 - Bob distributed his LSC QA check lists to the committee members. Bob stated he plans on meeting with Monte & Sherwin in the next couple months. Bob and Monte discussed meeting on November 30, 2007.
 - Discussion was held how the LSC QA checklist would be distributed after it is developed.
 - Darrold expressed that administrators should go back and encourage environmental services involvement.
 - Wade suggested Shelly bring this up to administrators at the Fall Long Term Care Association Conference.
 - Discussion was held regarding the North Dakota Environmental Service Association enrollment and participation, and if there was a National Environmental Service Association.
 - Discussion was held that the Health Facilities “Documentation for Review” form used by the Health Facilities LSC Surveyors has been distributed, and is available on the North Dakota Department of Health website.
 - Discussion was held on possibly distributing Bob’s LSC QA forms to all the long term care providers. Through discussion, it was decided to table this idea until further notice.

2. Identification of 6 facilities (one in each region) to participate in survey/training for Administrators and Environmental Service personnel.
 - Shelly stated facilities are excited about the training.
 - Bruce stated information compiled by Sherwin revealed 25% of the LSC citations are related to documentation.
 - Bob expressed he feels a large percentage are related to vendors who don’t show up when scheduled to do QA.
 - Shelly provided the committee with the location and dates of the next scheduled regional meetings.
 - Monte stated currently, due to the limited amount of LSC survey staff available, he was not able to commit to provide training within the next few months.
 - Through discussion, it was decided LSC training by Health Facilities at regional meetings would be done in 2008, between January and October, with a month notice given as to dates of the meetings.
 - Shelly asked what type of training/education do the providers want. Through discussion, it was decided members of committee were to find out at networking sessions and/or at regional meetings, and then provide this information to Monte

F. Provision of LSC education to LTC facility staff (other than through the survey process)

1. Provide LSC training at Regional Meetings.

- The discussion held on providing training at regional meetings is documented above under E. 2.
2. Implement Best Practices for Environmental Services. Bob
 - Bob identified he is hopeful this is completed by November 30th at the North Dakota Environmental Service Association Board Meeting.
 3. Ask at the upcoming Regional Meetings the best way for the Long Term Care Association to obtain the 2567s to share with other facilities.
 - Shelly Peterson stated she would ask at the upcoming regional meetings the best way for the Long Term Care Association to obtain the 2567s to share with other facilities.

G. Provide facilities information regarding good environmental products

1. Development of a list by Environmental Services with vendors and products.
 - Bob identified environmental services has not yet developed a list with vendors and products.
 - Discussion was held about the Long Term Care Association possibly updating the environmental service website.

Next Meeting Date

Normally, the next meeting of the Business Process Re-engineering Committee would occur in December 2007. Discussion was held and it was decided due to the holiday season, the next BPR meeting would be scheduled in February or March of 2008.

Meeting Adjourn

The meeting was adjourned.